



COMMONWEALTH of VIRGINIA

HAROLD W. CLARKE
DIRECTOR

Department of Corrections

P. O. BOX 26963
RICHMOND, VIRGINIA 23261
(804) 674-3000

Ombudsman Services Unit

May 2, 2023

Isaw Blake #1106405
Wallens Ridge State Prison
P. O. Box 759
Big Stone Gap, Virginia 24219

Dear Isaw Blake #1106405,

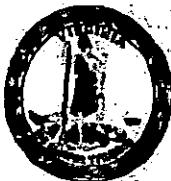
This office received correspondence from you regarding PSOC-23-INF-00073 and an alleged assault. After a review of your correspondence for PSOC-23-INF-00073, I find that your Regular Grievance should not have been accepted for intake by the Regional Ombudsman, however for the reason of Expired Filing Time. In accordance with Operating Procedure 866.1, *Inmate Grievance Procedure*, "If the inmate disagrees with the intake decision, the inmate has five days to appeal the decision." Institutional Ombudsman C. Smalling made the intake decision in this case on February 8, 2023. The Regional Ombudsman did not receive your intake appeal until March 3, 2023, well past the five-day time limit.

The alleged assault referenced in your correspondence was addressed by PSOC-22-REG-00083. You received Level I and Level II Responses which were both determined to be unfounded. As noted in your Level II Response, Level II was your last level of appeal. Please find enclosed your correspondence for your records.

Sincerely,


R. Perry, Manager
Ombudsman Services Unit

cc: file



Virginia Department of Corrections

Institutional Classification Authority Hearing Notification Form

Offender Name: Blake, Isaw W

DOC#: 1106405

DOC-11G

DOC Location: Pocahontas State
Correctional Center

Report generated by Dillon, J D

Report run on 09/13/2022 at 09:31 AM

DOC Location: Pocahontas State
Correctional Center

Part I: ICA Referral Notice

Classification Action being reviewed: Internal Status

Comments: On 09-13-22 at approx 09:15am Inmate I. Blake # 1106404 was placed in RHU on GDT status after physically assaulting a staff member. Inmate will be scheduled for his ICA and MDT for appropriate housing.

You will be scheduled to appear before the Institutional Classification Authority on or after 9/15/2022

Authorizing Staff

Date & Time 9-13-22 9:35 AM

A formal due process hearing is required when an offender is considered for removal from general population, or faces the possibility of increase in security level or reduction in good time earning level outside the Annual Review Cycle. You will be permitted to: 1) Be present at the hearing 2) Remain silent 3) Know the reasons for any decisions rendered by the ICA 4) Have your counselor or an employee present to assist you 5) Receive a copy of the written findings and recommendations of the ICA. During hearings based solely on documented Disciplinary Hearing Referrals the following is not afforded to you: 1) Hearing the Reporting Officer's testimony 2) Cross-examining adverse witnesses 3) Calling and cross-examining witnesses.

This is to certify that I have received a copy of this notice and it was explained to me. I am requesting witness/s to appear on my behalf.

Witness Request: 1 _____ 2 _____ 3 _____

I Waive rights to 48-hour notice. Yes No

I wish to attend. Yes No

Unable to sign 5 point restraint
Offender Signature _____ Date _____

OK
Witness Signature _____ Date 9/13/22

mailed
1-9-23

RECEIVED

JAN 05 2023

Written Complaint

WALLENS RIDGE STATE PRISON

Instructions for filing

JAN 18 2023

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly.
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

Blake, I saw

1106405

C-1-129

C-134

Offender Name

Offender Number

Housing Assignment

C/o Sagady

1-4-23 10:39 am

Individuals Involved in Incident

Date/ Time of Incident

TO: Lt. Boyd

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific): On 1-4-23 Members from PSCC Conducted a Shake down here at WRSP on C-1 Pod. At approx. 7:30 am; a very Skinny Officer Wearing Glasses came to my Cell-129 then yelled out to % Sagady, (who fed a Mob attack against me on 9-13-22 at PSCC) "Hey % Sagady, here's Blake's Cell!" At that moment I was again afraid for my life. I then got up and looked into the Pod and I saw % Sagady with other officers, they were all pointing and grinning and laughing at me. Officer is then Escorted me into the middle of the Pod to Stand directly in front of % Sagady... it was Humiliating and Very painful to see him after what he had done to me. Now 10:39 am 1-4-23, after my cell was Shock down I was escorted into my room. % Sagady walked up to my cell and Said to me. "You Still look like Shit. I can't take your life but I'll take your era, And you'll see that I got Friends out here. I aint done George!"

Offender Signature: James Blake # 1106405

Date: 1-5-23

Offenders - Do Not Write Below This Line

Date Received: 01/18/2023Response Due: 02/02/2023 Log Number: PSCC-23-INF-120073Assigned to: Mr. Jeir

Action Taken/Response:

AFTER SPEAKING WITH OFFICER SAGADY, NO OFFICERS FROM PSCC SEARCHED INMATE BLAKE'S CELL. AND THE ABOVE ACCUSATIONS DID NOT OCCUR. OFFICER SAGADY DID NOT TALK TO INMATE BLAKE AT THIS TIME. (P)

My Watts

Respondent Signature

MAJOR DISAGREEMENTS

1-25-2023

Printed Name and Title

Date

Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 15-day time limit has not expired.

Offender Signature: _____

Date: _____

Staff Witness: _____

Date: _____





Regular Grievance 866_F1_10-20

FEB 02 2023

Regular Grievance

Log Number: _____

INSTRUCTIONS FOR FILING A PRISON

- You must first attempt to resolve your issue through the informal complaint process prior to filing a *Regular Grievance*.
- You must attach the *Written Complaint* or other documentation used to satisfy the informal complaint process.
- Your grievance must be received within 30 days from the original incident or discovery of the incident, unless a more restrictive time limit applies.
- You must fill your *Regular Grievance* out completely and correctly.
- You must explain your issue and how you were personally affected in the space provided, preferably in ink.
- You must avoid the reasons for rejection at intake; if your grievance is rejected you have 5 days to appeal the rejection.
- When multiple issues are submitted on the same grievance, you will only receive a response to the exact same issue addressed through the informal complaint process. All other issues will be forwarded to appropriate staff for investigation and resolution.

Blake, T. SW

106405

C-134-B

Offender Name (Last Name, First)

Offender Number

Housing Assignment

To Sagady

1-4-2023

10:39 am

Individuals Involved in Incident:

Date/ Time of Incident

RESULTS OF THE INFORMAL COMPLAINT PROCESS (Select one of the below)

Written Complaint on this issue attached
 Other documentation used to satisfy the informal complaint process is attached
 Informal complaint process is not required for this issue

Explain Your Issue: (Provide a detailed explanation of the issue, your attempts to resolve the issue and how you were personally affected.)

On 1-4-23 Members from Pscc conducted a shake down here a WRSP on C-1 Pod. At 10:39 am on 1-4-23, after my Cell was Shook down % Sagady walked up to my Cell and Said to me. "You still look like shit. I can't take your life but I'll take your crap, And you'll see that I got Friends out here. I aint done George."

SUGGESTED REMEDY: (Identify in the space provided below, the action you want taken)

I want % Sagady Fired and I want a "Stay-away order" placed on % Sagady and every other Staff Member whom was involved in Assaulding me at Pscc, on 9-13-22

Offender Signature

Date



VIRGINIA DEPARTMENT OF CORRECTIONS

Exhibit D



VIRGINIA
DEPARTMENT OF CORRECTIONS

RECEIVED GRIEVANCE DEPT
Written Complaint 866_F3_6-21

MAY 03 2023

Written Complaint

Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

Blake, Isaac

Offender Name

1106405

Offender Number

C-134-B

Housing Assignment

Co Blackburn

Individuals Involved in Incident

5/2/2023

1:59 pm

Date/ Time of Incident

TO: Unit Manager Boyd

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

Today 5/2/2023, Time approx 1:59pm; Co Blackburn announced from the booth while holding the Guo, "5 minutes left in pod rec".

I showed Co Blackburn my Jp6, indicating that we are owed more time.

Co Blackburn then stated, "That's not what my watch got, any ways you like to hit staff you lucky you not getting shot."

I ask for protection from your staff from retaliation of what took place with me involving officers at Pocahontas State Correctional Center

Offender Signature: Isaac Blake 1106405

Date: 5/2/2023

Offenders - Do Not Write Below This Line

Date Received: 5-3-23

Response Due: 5-18-23

Log Number: WRSP-23-INF-018261

Assigned to: UTM Boyd

Action Taken/Response:

I spoke with Officer Blackburn, and he denied saying anything to you.

u.m.lloyd

Respondent Signature

u.m.lloyd

Printed Name and Title

RECEIVED
MANAGER
JUN 01 2023
5-4-23

RECEIVED GRIEVANCE DEPT
SERIAL UNIT
JUN 01 2023
5-4-23

Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 15-day time limit has not expired.

MAY 11 2023

Offender Signature:

Date:

Staff Witness:

Date:

WALENS RIDGE STATE PRISON

Date:





VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_10-20

Regular Grievance

WBSR 23 R 8
Log Number: 00194

Instructions for Filing:

- You must first attempt to resolve your issue through the informal complaint process prior to filing a *Regular Grievance*.
- You must attach the *Written Complaint* or other documentation used to satisfy the informal complaint process.
- Your grievance must be received within 30 days from the original incident or discovery of the incident, unless a more restrictive time limit applies.
- You must fill your *Regular Grievance* out completely and correctly.
- You must explain your issue and how you were personally affected in the space provided, preferably in ink.
- You must avoid the reasons for rejection at intake; if your grievance is rejected you have 5 days to appeal the rejection.
- When multiple issues are submitted on the same grievance, you will only receive a response to the exact same issue addressed through the informal complaint process. All other issues will be forwarded to appropriate staff for investigation and resolution.

Blake, Isaac
Offender Name (Last Name, First)

1106405

C-134-B

% Blackburn

Offender Number

Housing Assignment

Individuals Involved in Incident:

5/2/2023 1:59 pm

Date/ Time of Incident

RECEIVED GRIEVANCE DEPT.

Results of the Informal Complaint Process (Select one of the below)

Written Complaint on this issue attached
 Other documentation used to satisfy the informal complaint process is attached
 Informal complaint process is not required for this issue

MAY 11 2023

Explain Your Issue: (Provide a detailed explanation of the issue, your attempts to resolve it, and how you were personally affected.)

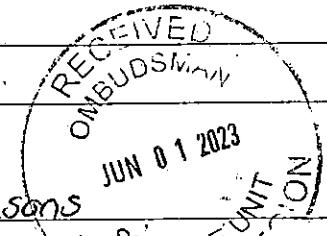
Today 5/2/2023, Time approx 1:59 pm, % Blackburn announced from the booth while holding the Gun, "5 minutes left in pod rec." I then walked to the red line I showed % Blackburn my Job indicating that we are owed more time. % Blackburn then stated, "That's not what my watch got, any ways you like to hit staff, you lucky you not getting shot." I ask for protection from your staff from retaliation of what took place with me involving officers at Pocahontas State Correctional Center. And I'm asking for a fair judgement and review the camera footage, instead Unit Manager Boyd to the word of his Staff % Blackburn and did not review the Camera footage.

Suggested Remedy: (Identify in the space provided below, the action you want taken)

% Blackburn is not here (to work) for the right reasons

% Blackburn should be fired from the D.O.C.;

% Blackburn does not have the temperament to work for D.O.C.



5/8/2023

Date

Offender Signature





VIRGINIA

DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_10-20

Intake Decision: (Grievances must be accepted and logged into VACORIS unless returned for the following reason(s))

<input type="checkbox"/>	Non-Grievable:
<input type="checkbox"/> Disciplinary hearing decisions, penalties and/or procedural errors <input type="checkbox"/> Regular Grievance Intake Decisions <input type="checkbox"/> Limitation Decisions <input type="checkbox"/> State and Federal laws, regulations, and court decisions <input type="checkbox"/> Policies, procedures, and decisions of other agencies <input type="checkbox"/> Issues yet to occur <input type="checkbox"/> Beyond the control of the Department of Corrections	
<input type="checkbox"/>	Personally Affected: You must identify how the issue caused personal harm or loss to you, personally.
<input type="checkbox"/>	Limited: You have been limited by the Facility Unit Head, and this grievance is in excess of your limit.
Expired Filing Period: You must submit your grievance within 30 of the original incident or discovery of the incident unless the reason for delay was beyond your control, you have not been provided formal orientation, or a more restrictive time limit has been established to prevent loss of remedy or the issue becoming moot.	
<input type="checkbox"/>	Repetitive: You submitted this issue previously on <i>Regular Grievance #</i>
<input type="checkbox"/>	Group Complaints or Petitions: You must submit a grievance on your own behalf; you cannot file a grievance with a group.
<input type="checkbox"/>	Photocopy/Carbon Copy: You did not submit the original grievance documents.
<input type="checkbox"/>	Informal Complaint Process: Your issue submitted on this grievance is not the same issue addressed in your <i>Written Complaint</i> or supporting documentation, or you failed to use the informal complaint process. You must first submit a <i>Written Complaint</i> on this issue.
<input checked="" type="checkbox"/>	Insufficient Information: (Not to include Medical, Sexual Abuse, and Sexual Assault). You must provide the following information within 5 days before the grievance can be processed: <i>How were you</i>
<input type="checkbox"/>	Request for Services:
RECEIVED GRIEVANCE DEPT.	

Institutional Ombudsman Signature

BJ Daugler

Date

MAY 11 2023

WALLENS RIDGE STATE PRISON

Appeal of Intake Decision

(If you disagree with the intake decision, you have 5 days from date of receipt to send an appeal of the intake decision to the Regional Ombudsman by submitting this grievance for further review.)

Regional Review of Intake Decision: The Regional Ombudsman's decision is final

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1, <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being overturned and the grievance is being returned to the Facility Unit Head for response.
<input type="checkbox"/>	The intake decision is being returned to you because the 5-day time limit for review has been exceeded.

Regional Ombudsman Signature

Date

Withdrawal of Grievance:I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I receive a response to this grievance. I understand that I may resubmit this same issue once and only once on a new *Regular Grievance* as long as the original 30-day time limit has not expired.**Offender Signature:** _____

Date: _____

Staff Witness: _____

Date: _____



VIRGINIA DEPARTMENT OF CORRECTIONS

Isaw Blake 1106405
Wallens Ridge State Prison
272 Dogwood Drive
Big Stone Gap, VA 24219

FREE LETTER

Regional Administrator
3313 Plantation Road NE
Roanoke, VA



Mailed out: 5-31-2023



Offender Grievance Response - Level I

Offender Name: Blake, Isaw W

DOC #: 1106405

Current Location: Wallens Ridge State Prison

Housing: C-1-134-B

Filed: Wallens Ridge State Prison

Grievance Number: WRSP-23-REG-00194

Finding: Unfounded

Finding Reason:

LEVEL I: Level 1 Response

(To be completed and mailed within 30 calendar days)

Grievance Summary: In your grievance, you state, on 5-2-23 @ approximately 1:59 PM, Officer Blackburn holding the gun announced from the booth five minutes left in pod recreation. You walked to the red line and showed Officer Blackburn your JP6 indicated you were owed more time. Officer Blackburn then stated that is not what his watch had, and the way you like to hit staff you are lucky you are not getting shot. You want Officer Blackburn fired from the DOC.

Written Complaint: You submitted Written Complaint WRSP-23-INF-01826. Unit Mgr. Boyd stated, "I spoke with Officer Blackburn, and he denied saying anything to you."

Upon further investigation it was determined: Unit Mgr. Boyd reviewed the video camera and could not confirm the claims you made against Officer Blackburn. On May 30, 2023, Officer Blackburn was questioned about this incident, and he stated that you were given a warning due to your behavior in the pod. He stated you had your fists up like you were boxing another inmate. Staff conduct is monitored and enforced regularly according to DOC procedure. DOC procedure is specific in the expectations of conduct of staff. Staff are trained, supervised, and monitored according to procedure.

The Procedure and content that governs this Issue: Operating Procedure 135.2, Rules of Conduct Governing Employees Relationships with Offenders.

Determination: Based on review of the above information there has been no apparent violation of policy, your grievance is considered to be **Unfounded**. Regarding your Suggested Remedy, no further action is necessary at this time.

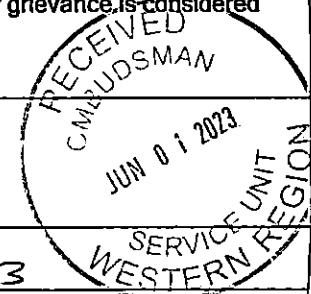
If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Regional Admin. 3313 Plantation Road NE, Roanoke, VA 24012

Isaw W. Blake
Level I Respondent Signature

5-31-2023

Date



I wish to appeal the Level I response because: *Unit Manager Stated that Officer Blackburn admitted to not saying anything to me 5-4-2023, now Officer Blackburn is making up an allegation that he gave me a warning due to my behavior.*

Officer Blackburn is not telling the truth about what he truly said to me.

Officer Blackburn threatened to shoot me because I hit staff.

He's speaking on what took place with me at Pocahontas State Corr. Center

I'm asking for protection please.

Offender Signature

Isaw W. Blake 1106405

Date 5-31-2023

C134



COMMONWEALTH of VIRGINIA

HAROLD W. CLARKE
DIRECTOR

Department of Corrections

P. O. BOX 26963
RICHMOND, VIRGINIA 23261
(804) 674-3000

June 30, 2023

Inmate Isaw Blake, # 1106405

RE: Inmate Isaw Blake, # 1106405
Wallens Ridge State Prison

Re: Virginia Department of Corrections Investigation Status
Case No: 230452

Inmate Blake:

An investigation has been conducted concerning the allegation you made on March 30, 2023, at Wallens Ridge State Prison. The investigation has been completed and appropriate action may be taken if required.

Sincerely,

R. W. Henderson

Special Agent, VADOC Special Investigations Unit

cc: Warden, J. Artrip
Lieutenant, Matthew Fleming

MOBILE IMAGES

Exhibit F

PATIENT REPORT

PATIENT NAME: BLAKE, ISAW
 DATE OF BIRTH: 08/09/1982
 PATIENT ID: 246415
 FACILITY: WALLENS RIDGE STATE PRISON
 ROOM #: MEDICAL

DATE OF SERVICE: 09/15/2022
 REFERRING PHY.: MULLINS, BENNY C
 TECHNOLOGIST: Mark Miller
 INTERPRETING COMPANY: Flex TeleRad, LLC
 REASON: PAIN, TRAUMA
 ARRIVED AT 1350

Results Document ID: 859776

PROCEDURE: 70140 - FACIAL BONES, LESS THAN 3 VIEWS

FINDINGS: Facial pain

FACIAL BONES 3 views:

q/u/r

COMPARISON: NONE PROVIDED

FINDINGS:

There is no evidence of displaced fracture or dislocation. The orbits are suboptimally imaged. The visualized portions of the paranasal sinuses are grossly clear. There is a double density consistent with soft tissue mass projecting over the frontal bones on the lateral view consistent with hematoma measuring 13 by 37 mm.

IMPRESSIONS: IMPRESSION: Limited evaluation in the absence of a Waters view
 1. No acute traumatic osseous abnormality, soft tissue mass likely hematoma over the frontal bone.

INTERPRETING DOCTOR: Curt Liebman MD

ELECTRONICALLY SIGNED: Curt Liebman MD Thu, Sep 15, 2022 15:53:03 EDT



Flex TeleRad, LLC is Accredited by The Joint Commission

MOBILE IMAGES

Exhibit G

PATIENT REPORT

PATIENT NAME: BLAKE, ISAW
 DATE OF BIRTH: 08/09/1982
 PATIENT ID: 246415
 FACILITY: WALLENS RIDGE STATE PRISON
 ROOM #: MEDICAL

DATE OF SERVICE: 09/15/2022
 REFERRING PHY.: MULLINS, BENNY C
 TECHNOLOGIST: Mark Miller
 INTERPRETING COMPANY: Flex TeleRad, LLC
 REASON: PAIN, TRAUMA
 ARRIVED AT 1350

Results Document ID: 859774

PROCEDURE: 71100 - LEFT RIBS, UNILAT, 2 VIEWS

FINDINGS: Left chest pain

LEFT RIBS three views

COMPARISON: NONE PROVIDED

FINDINGS:

There is no evidence of displaced rib fracture or rib lesion. No subcutaneous emphysema is seen. The included visualized portions of the chest reveal no evidence of an active process, no pneumothorax.

IMPRESSIONS: IMPRESSION:

Normal, no acute traumatic osseous abnormality.

INTERPRETING DOCTOR: Curt Liebman MD

ELECTRONICALLY SIGNED: Curt Liebman MD Thu, Sep 15, 2022 15:50:55 EDT



Flex TeleRad, LLC is Accredited by The Joint Commission

Document 45-3
Exhibit I



**VIRGINIA
DEPARTMENT OF CORRECTIONS**

Health Services Complaint and Treatment Form 720_F17_10-21

Health Services Complaint and Treatment Form

Facilities

WALLENS RIDGE STATE PRISON

**Inmate/CCAP
Probationer/Parolee
Name:**

DOC #:

Blake

Last

I saw

First.

8

1106405

Date/Time	Complaint and Treatment	Signature and Title
9-13-22 3 ³⁵ pm	Inmate received to Wallens Ridge State Prison as a new intake. Verbal and written orientation provided. Inmate verbalized understanding of all intake orientation. Chart to be reviewed for current medications.	(Callow)
	Annid at WRSP has large swollen area noted to R side of forehead and L eye swollen shut denies having a hospital visit or x-ray will keep in medical observation until seen by MD.	(Callow)
9-13-22 3 ⁵⁰ pm	seen in medical status had been in quarantine x 30 days denies contact with COVID positive person denies any symptoms complains of rib, back, ankle, and elbow pain no bruising noted speech clear alert + oriented, walks with limp due to ankle pain MD to see in AM.	(Callow)
9-13-22 a 1705 1 AM 6/13/22 water	C-Soreness ① ribs + ② face D- Has swelling ① face at and above eye and cheek. Denies V5, Wagner RN present. Mostly left. I- Ibuprofen 200mg ② tabs orally 2x daily for 5 days Per Nursing Grid lines SD Dr Williams / Callow RN	



VIRGINIA DEPARTMENT OF CORRECTIONS

Revision Date: 10/29/2021



VIRGINIA
DEPARTMENT OF CORRECTIONS

Intra-system Transfer Medical Review, DOC 726-B 720_F9_4-22

Exhibit J
Intra-system Transfer Medical Review, DOC 726-B

Inmate/Probationer/Parolee Name <i>Blake, Sean</i>	DOC Number <i>1106405</i>	Release Date <i>2-22-2033</i>	Transfer Date <i>9-13-2022</i>
Received At <i>WRSP</i>	Received From <i>PSCC</i>	# Medical Charts Sent <i>1</i>	Allergies <i>MKDA</i>
Medical Code <i>A 19 C 9</i>	Location Code <i>B</i>	Mental Health Code <i>2</i>	Last HIV (Date and Results) <i>5-8-16 NR</i>
Last TST (Date and Results) <i>7-20-21 O/S my</i>	Date of last Tetanus, Td, or Tdap <i>1-22-18</i>	Last HCV (date and Results) <i>10-21-21 Neg</i>	

Vital Signs		Special Diet	
Temperature: <i>97.7</i>	Pulse: <i>78</i>	Respiration: <i>18</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Weight: <i>240</i>	Blood pressure: <i>134/86</i>	Type: _____	Date: _____

Current Medications

Drug	Amount Sent	Drug	Amount Sent
1. <i>Zoloft 50mg 1/2 tab</i>	<i>3 Doses</i>	5.	
2. <i>Crestor 10mg</i>	<i>D</i>	6.	<i>PC</i>
3.		7.	
4.		8.	<i>9/14/22</i>

Disability (Explain): <i>N/A</i>	Prosthetics: <i>9/14/22</i>
-------------------------------------	--------------------------------

Medical Devices / Equipment:

Current Medical/Dental Problems: *Needs HIV + HCV Test*

Is the individual enrolled in an ID clinic:
HCV _____ VCU _____ DOC _____ HIV at VCU _____

Mental Health Screening:

- Present suicidal ideations? No Yes: _____
- History of suicidal behavior/self-directed violence? No Yes: _____
- Presently prescribed psychotropic medications? No Yes: _____
- Any current M. H. complaints? No Yes: _____
- History of inpatient/outpatient mental health treatment? No Yes: _____
- Current mental health treatment? No Yes: _____
- Any recent use of alcohol or drugs (frequency, amount, last use)? No Yes: _____
- Any history of substance abuse? No Yes: _____
- Any history of substance abuse disorder treatment? No Yes: _____
- Observed symptoms of Psychosis Depression Anxiety Aggression

Pending Appointments:

ID Clinic:	HCV:	DOC:	VCU:
	HIV:		

Please copy 720_F24 and 720_F9 and give to OSS or Scheduler to confirm appointments/labs



VIRGINIA DEPARTMENT OF CORRECTIONS

VIRGINIA
DEPARTMENT OF CORRECTIONS

Exhibit J Intra-system Transfer Medical Review, DOC 726-B 720_E9_A-22

Overall Comments: (i.e., general appearances and behavior, level of consciousness (alertness, orientation) physical deformities, abuse, trauma, etc.)

Cooperative. Has large knot to R side of forehead and R eye swollen

Medical Disposition:

General Population: GP with Health/MH Referral: Intake/Reception: Intake/Reception with Health/MH Referral:
 Infirmary: Medical Observation Unit:

Emergency referral for MH Care: _____ Date: _____ Time:
 (Name of Psychology Associate notified)

Referral for Emergency Treatment:

Nurse Signature: *Clutton*
 Date: *9-13-20*

Medical Handout Orientation Issued: Dental Hygiene Handout Issued: 



Health Services Complaint and Treatment Form

Facility: Pocahontas State Correctional Center

Inmate/CCAP

Probationer/Parolee

Name:

Blake

Last

Isaac

First

DOC# Jack Pastiche
1106405

Date/Time:

Complaint and Treatment

Signature and Title

5-6-22 10:30PM	c:) Evaluation following alleged altercation	
	0:) Inmate reports feeling fine. refused vitals. Mild swelling noted to cheek bone L side. Denies blurred vision. Reports having elbow pain in certain positions. Full ROM noted. No deformities noted. At 0X3, Respirations even and non labored. Skin warm and dry. I:) Per nursing guidelines Give Tylenol 500mg 2 tabs PO BID x 5 days PRN	
	Schedule to see MD 5-9-22.	V. Grossman
	noted 5-6-22 @ 6:10 AM V Grossman Noted 10/11. RV 5/6/22 322pm	77
5-9-22	Inmate refused SL to MD	✓
9/13/22	Altercation - FM & Hatch off - Hx c/o reflux H2R → Cough to lab noted 09-13-2022 @ 0920 (✓) Noted 9/13/22 @ 1020 H. Bennett, RN	✓
9-13-22 0920	Noted to RHN to evaluate (urinate). Following alleged altercation. (Urinate) At 0X3. HR - Rapid & shallow. (Urinate) Go H/A, shoulder & wrist pain. Up obvious distress. Rtd. Not the restraints applied correctly	✓





DEPARTMENT OF CORRECTIONS

Health Services Complaint and Treatment Form 720_F17_10-21

Health Services Complaint and Treatment Form

Facility:

PSCC

**Inmate/CCAP
Probationer/Parolee
Name:**

Blake Osaw

DOC#:

1106405

Date/Time

Complaint and Treatment

Signature and Title